

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		2				
3		1				
4		1				
5		4				
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45		2				
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49						
50						
TOTAL IND.	1					
TOTAL DEP.	2					
TOTAL CLAIMS	8					

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IND.	DEP.	IND.	DEP.
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100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			